MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12563

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Robin (Middle) Lee (Last) Anderson.

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1953

5. SEX: female **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** Oct. 12, 1953 **9. AGE last birthday:** 6 weeks yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): **10b. KIND OF BUSINESS OR INDUSTRY:** none **11. BIRTHPLACE** (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Mr. Robert L. Anderson **14. MOTHER'S MAIDEN NAME:** Dolores V. L. Cox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** none **17. INFORMANT & ADDRESS:** Mr. Robert L. Anderson - address same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

752x

Immediate cause (a) Hydrocephalous, Spina Bifida — 6 week

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from ~~[illegible]~~ Oct. 12, 1953 A.M., 19 to 12-2-, 19 53, that I last saw the deceased alive on 12-2-, 19 53 and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE Donald H. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried **DATE THEREOF** Dec. 4, 1953 **NAME OF CEMETERY OR CREMATORY** Spring Hill **LOCATION** (City, town, or county) Easton Talbot (State)

DATE REC'D BY LOCAL REGISTRAR 12/3/53 **REGISTRAR'S SIGNATURE** N. H. Neirus **24. FUNERAL DIRECTOR** M. E. Newnam & Son **ADDRESS**

2003231405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1953
BUREAU V. S.

Film#G160 Item# 7 12/23/53 e mp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12564

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
LENGTH OF STAY (in this place) 24 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Andrew

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 12-31-1860
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 24 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Andrew
14. MOTHER'S MAIDEN NAME: Mary Jane Bathell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

601X

Immediate cause (a) Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hydronephrosis

DUE TO (c) Nephrosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 19....., to ....., 19....., that I last saw the deceased alive on Dec 13, 1953 and that death occurred at 2:30 pm, from the causes and on the date stated above.

SIGNATURE Edward C. H. Chmd (Degree or title) M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 13 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/16/53
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) (State) Easton, Md

DATE REC'D BY LOCAL REGISTRAR 12/14/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hamilton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1953
BUREAU V. S.

Hydronephrosis

Nephrosclerosis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12565

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 22 | LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 21

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05X-2
STREET ADDRESS (If rural give location) E. Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Margaret (Last) Ballas
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 23 1904
9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Oscar Smith
14. MOTHER'S MAIDEN NAME: Ida C Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-09-3220
17. INFORMANT & ADDRESS: Mr Anthony Ballas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral hemorrhage — 6hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c) Essential hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Dec, 1953, to ....., 19....., that I last saw the deceased alive on 30 Dec, 19 53, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Quinton Harrison M.D. ADDRESS Easton, Maryland DATE SIGNED 30 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 3, 1954 | NAME OF CEMETERY OR CREMATORY Hollywood | LOCATION (City, town, or county) Harrington (State) Del

DATE REC'D BY LOCAL REGISTRAR 12/31/53 | REGISTRAR'S SIGNATURE M.A. Merrick

24. FUNERAL DIRECTOR Harmon Williams ADDRESS Federalsburg, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 8 1954
BUREAU V. S.

12566

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 49 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro Md. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) Miss (Last) Beaven.

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5/23/80
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr George Beaven
14. MOTHER'S MAIDEN NAME: Florence Zord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mr. Milton Beaven

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible cerebral thrombosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 26 Dec, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE C. H. Schmidt, M.D. (Degree or title) ADDRESS Costom Memorial Hosp. DATE SIGNED 30 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 30, 1953
NAME OF CEMETERY OR CREMATORY Hillsboro
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 12/28/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J. Virgil Moore Son, ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1954
BUREAU V. S.

Harrison

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12567

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
LENGTH OF STAY (in this place) 1 hr. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05X-2
STREET ADDRESS (If rural give location) 108 Liberty Road

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) Evelyn (Last) Brodes
4. DATE OF DEATH: (Month) (Day) (Year) 12 - 8 - 53

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 11-29-97
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Benjamin F. Wheatley
14. MOTHER'S MAIDEN NAME: Martha Sheebee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr. John H. Brodes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 2 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Dec, 1953, to 8 Dec, 1953, that I last saw the deceased alive on 8 Dec, 1953, and that death occurred at 3:35 pm, from the causes and on the date stated above.
SIGNATURE Thurston Damian (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 16 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/11/53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REGISTRAR 12/9/53
REGISTRAR'S SIGNATURE N. H. Nurus
24. FUNERAL DIRECTOR J J Frampton Son. ADDRESS Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1256

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 1 hr. 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leroy		Brown	12	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Single	4-12-52	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chas. Thomas Brown	Sadie Seney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Sadie Seney, Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X Immediate cause (a) Fracture of skull by being run — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) over by an auto (accident)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
12-16-53 m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher M. D. Deputy Med-Exam for Q. A. C. Md	Centreville Md	12/16-53

23. BURIAL, CREMATION OR REMOVAL	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-17-53	Chesterfield	Centreville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/16/53	N. H. Merrick	Easton Bros.	Centreville, Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S. (Last) Carroll, Jr.
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3-2-26
9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Mr William S Carroll Jr
14. MOTHER'S MAIDEN NAME: Louise Marvel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Mrs Jean Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

845X

Immediate cause (a) Encephalomalacia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral trauma — one month

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrown from horse one previous

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): farm — (CITY OR TOWN) Corodova, (COUNTY) Talbot, (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Thrown from horse

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 26 Dec, 1953 and that death occurred at 12:16 p.m., from the causes and on the date stated above.

SIGNATURE: C. C. H. Schmidt, M.D. (Degree or title) — ADDRESS: Easton, Memorial Hospital — DATE SIGNED: 30 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 29 — NAME OF CEMETERY OR CREMATORY: Ridgely — LOCATION (City, town, or county): Ridgely (State): Md

DATE REC'D BY LOCAL REG.: 12/27/53 — REGISTRAR'S SIGNATURE: N. H. Neirus — 24. FUNERAL DIRECTOR: J. V. Moore & Son — ADDRESS: Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN St. Michaels
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Osceola (Middle) (Last) Chaney
4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
F	Colored	Widow	1895	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Pkg.
11. BIRTHPLACE (State or foreign country): Talbot County
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry White
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 43 College Cr. Terr. Pennington Chaney Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) cardiac failure chronic	2 mos
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerotic cardiovascular d.	?
DUE TO		
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-7, 1953, to 12-14, 1953, that I last saw the deceased alive on 12-14, 1953, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M.D. St. Michaels Md. 12-16-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/17/53	St. Michaels	St. Michaels, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 17 1953	Mrs Robt R. Selk	Norman D. Marshall	St. Michaels, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton,
LENGTH OF STAY (in this place): 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Goldsboro St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural give location): Goldsboro St.

3. NAME OF DECEASED: (First) Ida (Middle) May (Last) Craft
4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Sept. 6, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Ferguson
14. MOTHER'S MAIDEN NAME: Cecila Chance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. W. T. Neal Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Congestive Heart Failure	10 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart disease	Years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-, 1953, to 12-28-, 1953 that I last saw the deceased alive on 12-28-, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE: Donald S. Bartley (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 12-31-53 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Talbot Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 12/29/53 — REGISTRAR'S SIGNATURE: N. T. Neal — FUNERAL DIRECTOR AND ADDRESS: Maurice E. Newnam & Son, Easton, Md.

VS-A15

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JAN 8 1954
BUREAU V. S.

Film#G160 Item# 8 9 12/11/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton. Md.
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill.
STREET ADDRESS (If rural give location) R.F.D 405.

3. NAME OF DECEASED: (First) William (Middle) L (Last) Detwiler.
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	white	married	2/19/1887	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Retired Railroad Employee	D C	U S A

13. FATHER'S NAME: Mr William L Detwiler
14. MOTHER'S MAIDEN NAME: Martha Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mrs Ida L Detwiler

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 6 days

420.1 Immediate cause (a) Cardiac failure

DUE TO

Antecedent causes (b) hypostatic lung infection

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

480 X (c) Extensive chronic coronary thrombosis

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus (?)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov, 1953, to 2 Dec, 1953, that I last saw the deceased alive on 2 Dec, 1953, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hunter Harrison M.D. Easton, Maryland 2 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	12-2-1953	Washington	Washington DC

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/53	N.H. Reeves	The S.H. Hines Co	Washington D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Film#G160 Item# 9 1/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton
LENGTH OF STAY (in this place): 20yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Higgins St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton
STREET ADDRESS (If rural give location): Higgins St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Gardner

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Mar. 4, 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Gardner

14. MOTHER'S MAIDEN NAME: Rachel Ann Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Fannie Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 450.1 Generalized arteriosclerosis — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1946-50

19b. MAJOR FINDINGS OF OPERATION: Amputation both legs -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19 ..., that I last saw the deceased alive on ....., 19..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis Autry M.D. DME

ADDRESS: Easton Md

DATE SIGNED: 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 1-2-54

NAME OF CEMETERY OR CREMATORY: Chapel Cemetery

LOCATION (City, town, or county) (State): Cordova Talbot Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 12/28/53

REGISTRAR'S SIGNATURE: M. H. Norris

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son

ADDRESS: Easton, Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) E (Last) Garvin

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov 12, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Commercial Seafood
11. BIRTHPLACE (State or foreign country): Tilghman MD
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Garvin
14. MOTHER'S MAIDEN NAME: Anna Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 220-32-8771
17. INFORMANT & ADDRESS: Mrs. Lee Reese St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Seconds
Antecedent cause(s) DUE TO (b) Arsenic Coronary Arteriosclerosis — 1 yr.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Wells Rheumatoid Arthritis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Dec 9, 1953, that I last saw the deceased alive on Sept, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Guyon Reese Jr Md Tilghman Md

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF 12/11/53
NAME OF CEMETERY OR CREMATORY Tilghman Cemetery
LOCATION (City, town, or county) (State) Tilghman, Md

DATE REC'D BY LOCAL REG. Dec 10, 1953
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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DEC 1 1 19 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Talbot
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Alfred (Middle) H. (Last) Haddaway
4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Dec. 1, 1861
9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oxford, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Haddaway
14. MOTHER'S MAIDEN NAME: Sophia Gibson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Calvin Haddaway Oxford, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerosis generalized — Interval Between Onset And Death: ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1949, to 12/12/1953 that I last saw the deceased alive on 12/10/1953, and that death occurred at 5 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 12-14-53
NAME OF CEMETERY OR CREMATORY: Oxford Cemetery
LOCATION (City, town, or county) (State): Oxford, Talbot, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 12/13/53
REGISTRAR'S SIGNATURE: M.H. Nevius

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: Easton, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
LENGTH OF STAY (in this place) 10 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carthage
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) E. (Last) Hammond

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 6, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John W Hammond
14. MOTHER'S MAIDEN NAME: Margaret Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr Charles Hammond brother (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia, rt
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchectasis, rt.
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Absence of left lung

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on Bile 1953, and that death occurred at 5.25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. W. Schmidt, M.D. ADDRESS Carter Memorial Hosp DATE SIGNED 15 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/16/53
NAME OF CEMETERY OR CREMATORY Ridgely
LOCATION (City, town, or county) (State) Ridgely Maryland

DATE REC'D BY LOCAL REGISTRAR 12/14/53
REGISTRAR'S SIGNATURE N. H. Neirie
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1257

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 7 hrs - 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) M. (Last) Hubbard

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 4-9-71

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Polston Hubbard

14. MOTHER'S MAIDEN NAME: Christine Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Miss Effie C Lewis Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.9

Immediate cause (a) Coronary thrombosis due to arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Old age

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 12

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec, 1953, to 15 Dec, 1953, that I last saw the deceased alive on 15 Dec, 1953, and that death occurred at 6:20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Warren Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 17 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/18/53

NAME OF CEMETERY OR CREMATORY Chaptank

LOCATION (City, town, or county) (State) Chaptank Md

DATE REC'D BY LOCAL REGISTRAR 12/16/53

REGISTRAR'S SIGNATURE N. D. Reeves

24. FUNERAL DIRECTOR Harry Williams ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
JUDICIAL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Michaels, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) (Last) Hunt

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/26/1900

9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Richard Hunt

14. MOTHER'S MAIDEN NAME: Rosa Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Katherine Paiges (Secretary Memorial Hosp)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0
Immediate cause (a) Encephalomalacia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral edema DUE TO

(c) Fatty cirrhosis Liver

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE Patt Hall (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 6 Dec 53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF Dec 7th 1953 NAME OF CEMETERY OR CREMATORY Christ Cemetery LOCATION (City, town, or county) (State) St Michaels, Md

DATE REC'D BY LOCAL REGISTRAR 12/6/53 REGISTRAR'S SIGNATURE M H Morris

24. FUNERAL DIRECTOR W. Hampton Harrison ADDRESS St Michaels Md

DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ollie (Middle) W. (Last) Jackson
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 11, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Wittman Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Jackson
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Roy O. Sewell, Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

Antecedent cause(s) DUE TO (b) Arteriosclerosis Chronic [illegible] Heart disease — 15 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1953, to Dec 1, 1953, that I last saw the deceased alive on ....., 1953, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[illegible] Tilghman Md Dec 3 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 3, 1953
NAME OF CEMETERY OR CREMATORY Clint Cemetery
LOCATION (City, town, or county) (State) St. Michaels, Md.
DATE REC'D BY LOCAL REG. Dec 3, 1953
REGISTRAR'S SIGNATURE Mrs Robt L. Beck
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 54½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Victor (Middle) (Last) Jenkins (Type or Print)

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/16/12

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Coal Hauling

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Albert

14. MOTHER'S MAIDEN NAME: Ella Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mattie Jenkins, Hurlock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X

Immediate cause (a) Uremia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute hemorrhagic glomerulo-

DUE TO

(c) nephritis (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Dec, 1953, to 23 Dec, 1953, that I last saw the deceased alive on 23 Dec, 1953, and that death occurred at 5:40 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harrison M.D. — ADDRESS Easton, Maryland — DATE SIGNED 27 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-28-53 — NAME OF CEMETERY OR CREMATORY East New Market — LOCATION (City, town, or county) (State) East New Market Md

DATE REC'D BY LOCAL REGISTRAR 12/24/53 — REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR J. J. Frampton Son — ADDRESS Federalsburg Md.

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Gardens
MARYLAND
LENGTH OF STAY (in this place) 7 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Gardens
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Wringdale (Last) Jump

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 16, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Talbot

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Edwin F. Jump

14. MOTHER'S MAIDEN NAME: Maria Wringdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Miss Lola Jump. Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Left Ventricular Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease.

DUE TO

(c)

Interval Between Onset And Death
10-12 days
years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec., 1953, that I last saw the deceased alive on Dec 23, 53, and that death occurred at 1:00 AM, from the causes and on the date stated above.

SIGNATURE Charles H Wrnaed M.D. (Degree or title)

ADDRESS Eagley Md

DATE SIGNED 12-30-53

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF Dec 31, 53

NAME OF CEMETERY OR CREMATORY Hickory Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/28/53

REGISTRAR'S SIGNATURE D. H. Reeves

24. FUNERAL DIRECTOR J. Elbert Cook

ADDRESS Easton

RECEIVED
JAN 3 1954
BUREAU V. S.

Film#G160 Item# 11,13,14 1/7/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) Few Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 1105 Bryn Mar Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) MERCER (Last) LEGG
4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb-20-1920
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John C. Legg, Jr.
14. MOTHER'S MAIDEN NAME May Applegarth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Memorial Hospital Records - Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

919.6 Immediate cause (a) Gun Shot wound of head - accident — 3½ hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) He was in a duck blind & his

(c) gun went off & Shot him in the head

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Duck blind (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-1953 3 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? accident

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Stevens Fisher M.D. - Deputy Med Exam for Q.A. Co. Md. 12/18-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12/18/53
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore (State) Pa. Ave.

DATE REC'D BY LOCAL REG. 12/18/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR W. J. Fickner & Sons
ADDRESS Baltimore (17)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12582

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C (Last) Lord

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-22-71
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Elisha Lord
14. MOTHER'S MAIDEN NAME: Elizabeth Saulsbury

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr Charles Lord - Federalsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause (a) Cerebral anoxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhage

DUE TO

(c) Duodenal ulcer

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION Left inguinal hernia
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on 8 Dec, 1953 and that death occurred at 10.43 am from the causes and on the date stated above.

SIGNATURE Ch Schmidt (Degree or title) M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 9 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/11/53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/9/53
REGISTRAR'S SIGNATURE N. H. Neirier
24. FUNERAL DIRECTOR J. J. Frampton Son Federalsburg ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 1[illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 533 South St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) 533 South St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Leverton (Last) Mullikin

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 21, 1901

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tennant Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Luther G. Mullikin

14. MOTHER'S MAIDEN NAME: Clara A. Mullikin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-24-5008

17. INFORMANT: Mrs. Nellie May Mullikin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) "CANCER OF NECK GLANDS" - HODGKINS DISEASE — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953 to DEC. 6 1953, that I last saw the deceased alive on DEC. 6, 1953 and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Bartley M.D. ADDRESS 9 N. Hanson St. Easton, Md. DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF 12-9-53; NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery; LOCATION (City, town, or county) (State) Easton Talbot, Maryland.

DATE REC'D BY LOCAL REG. 12/7/53; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: Easton, Md.

VS. A15

RECEIVED
DEC 11 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12585

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daytona Beach
STREET ADDRESS (If rural, give location) 207 S. Wild Olive Ave

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) A (Last) Olive
4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5/20/1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY N.Y. police
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Otto Olive
14. MOTHER'S MAIDEN NAME Ida Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS State Police, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816 X

Immediate cause (a) Broken neck in auto accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident (two motor vehicles)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Centreville Md DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam for 2 A Co Md 12/22/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/24/53
NAME OF CEMETERY OR CREMATORY Moravian
LOCATION (City, town, or county) Station Island (State) N.Y.
DATE REC'D BY LOCAL REG. 12/23/53
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD I

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, X
STREET ADDRESS (If rural give location) RFD I

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Phoenix
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7/30/81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Powell
14. MOTHER'S MAIDEN NAME: Lollie Price

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 197-16-0539
17. INFORMANT & ADDRESS: Mary Phoenix, Easton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause
(a) Hypertensive Arteriosclerotic Heart Disease with Congestive failure
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 1 Month

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953, to 12/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 1 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank E Mason MD
ADDRESS 18 W. Dover St Easton Md
DATE SIGNED 12/28/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/28/53
NAME OF CEMETERY OR CREMATORY Sandtown Cem
LOCATION (City, town, or county) Hillsboro (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12/28/53
REGISTRAR'S SIGNATURE N.A. Necrux
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1258

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dover st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 112 Locust st

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9/23/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Butler

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gus Roberts

14. MOTHER'S MAIDEN NAME: Eliza Jewel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-12-2183

17. INFORMANT'S ADDRESS: Mrs Mommie Roberts Easton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X
Immediate cause (a) Acute parenchymatous Nephritis DUE TO — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) High Retension DUE TO — 2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20 ....., 1950., to 12/2 ....., 19.53., that I last saw the deceased alive on 12/2 ....., 1953., and that death occurred at 12.05 AM, from the causes and on the date stated above.

SIGNATURE Howard T. Watt (Degree or title) M.D ADDRESS Easton Md. DATE SIGNED 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/6/53 — NAME OF CEMETERY OR CREMATORY Richardson Cem. — LOCATION (City, town, or county) (State) Easton Maryland

DATE REC'D BY LOCAL REGISTRAR 12/3/53 — REGISTRAR'S SIGNATURE N. H. Neires

24. FUNERAL DIRECTOR James B Daniell ADDRESS Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
20 10 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 N. Aurora St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman / Rural
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Barr (Last) Russell

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 5, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 4 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William J. Barr

14. MOTHER'S MAIDEN NAME: Sarah Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: William D. Russell Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Hamilton Williams, M.D. Easton, Md Dec 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 11, 1953

NAME OF CEMETERY OR CREMATORY West Laurel Hill Cemetery

LOCATION (City, town, or county) (State) Philadelphia Pa.

DATE REC'D BY LOCAL REGISTRAR 12/10/53

REGISTRAR'S SIGNATURE N. A. Nevius

24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md

VS. A15-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 15 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Easton~~ St Michaels
STREET ADDRESS (If rural give location) Box 125

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Katherine (Last) Spies
4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12/8/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 21 Min. 48

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Stanley Spies
14. MOTHER'S MAIDEN NAME: Mary Lee Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of [redacted]) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mother - St. Michaels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5

Immediate cause 1. (a) Pulmonary congestion & Edema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 2. ~~DUE TO~~ (b) Intra-cerebral hemorrhage DUE TO (c) Intra-uterine anoxia.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) MD. ADDRESS 9 N. Hanson St. Easton, Md. DATE SIGNED 12-9-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 12/10/53 NAME OF CEMETERY OR CREMATORY Fairview LOCATION (City, town, or county) Easton Md. (State) RD

DATE REC'D BY LOCAL REGISTRAR 12/9/53 REGISTRAR'S SIGNATURE N. H. Neeres 24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

20V3172351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Still

4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 7, 1876
9. AGE last birthday 77 yrs. If under 1 year Months Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Still
14. MOTHER'S MAIDEN NAME Adaline Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-10-0084
17. INFORMANT AND ADDRESS Estelle Jenkins Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916. Immediate cause (a) Death by burning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Maryland
TIME OF INJURY (Month) Dec (Day) 25 (Year) 1953 (Hour) 7:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? House burned down

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 27, 1953
NAME OF CEMETERY OR CREMATORY Queen Ester Cemetery
LOCATION (City, town, or county) Easton, R.D. (State) Md.

DATE REC'D BY LOCAL REG. 12/26/53
REGISTRAR'S SIGNATURE N. H. Nerries
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. 33
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) (Last) Taylor
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1-30-10
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. William L. Taylor
14. MOTHER'S MAIDEN NAME: Anna Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs Luretha Taylor

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary artery occlusion - (acute) — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio sclerotic Heart disease — 6 years

DUE TO (c) arterio sclerosis — 6 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to Dec 27, 1953, that I last saw the deceased alive on 12-26, 1953, and that death occurred at 6.00 A.M., from the causes and on the date stated above.

SIGNATURE William L. Winters (Degree or title) MD ADDRESS Easton Maryland DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/29/53
NAME OR CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Easton Md RD
DATE REC'D BY LOCAL REGISTRAR 12/28/53
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR Maurice E. Noonan & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 4.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton X
STREET ADDRESS (If rural give location) R.F.D 4

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) George Washington Trippe
4. DATE OF DEATH: (Month) (Day) (Year) 12 14 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington trippe
14. MOTHER'S MAIDEN NAME: Mary Ella Blake

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 218-12-1056A
17. INFORMANT & ADDRESS: Clark Trippe, Williamsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4210.1 (a) Coronary occlusion — Interval Between Onset And Death: Immed

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from PM, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 9 AM, from the causes and on the date stated above.

SIGNATURE Louis Shelty (Degree or title) M.D. DME ADDRESS Easton Md DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-19-53
NAME OF CEMETERY OR CREMATORY Ivy Town Cemetery
LOCATION (City, town, or county) Ivy Town (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12/19/53
REGISTRAR'S SIGNATURE N. H. Nerius
24. FUNERAL DIRECTOR James B. Dashiell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
DEC
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Easton, Rural
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton, Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Ann. (Last) Trippe

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 20-1898

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Charles, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. Samuel R. Johnson

14. MOTHER'S MAIDEN NAME: Effie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Martha Johnson Lawler, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Brain tumor — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 7 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1953

19b. MAJOR FINDINGS OF OPERATION Glioblastoma multiforme

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to 20 Dec, 1953, that I last saw the deceased alive on 18 Dec, 1953, and that death occurred at 9.10 A.M., from the causes and on the date stated above.

SIGNATURE: Maurice Harrison (Degree or title): M.D. ADDRESS: Easton, Maryland DATE SIGNED: 21 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 22-53 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/21/53 — REGISTRAR'S SIGNATURE: M. H. Norris

24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) East Dover St

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Virginia (Last) West

4. DATE OF DEATH: (Month) (Day) (Year) Dec 24 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan 9-1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 11 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Talbot Co Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Towers
14. MOTHER'S MAIDEN NAME: Unknown Billfornback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs Paul Hynson, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Acute Nefritis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis

DUE TO

(c)

Interval Between Onset And Death: 2 weeks

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953, to Dec 24th 1953, that I last saw the deceased alive on Dec 27 1953 and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour
ADDRESS Trappe Md.
DATE SIGNED 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 27-53
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REGISTRAR 12/25/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John W. Williams, Easton, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1 PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market 09X-
STREET ADDRESS (If rural give location) Box 96.

3. NAME OF DECEASED: (Type or Print) (First) Cab. (Middle) Boy (Last) Wheedleton
4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-4-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: 7.
14. MOTHER'S MAIDEN NAME: Miss Doris May Wheedleton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Memorial Hospital, Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, Generalized Anoxia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Intra-uterine Anoxia
DUE TO
(c) Prematurity

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1953, to 12-4, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE John E. Bayliett (Degree or title) MD. ADDRESS 214 Dover St Easton Md DATE SIGNED 12-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-4-1953
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) Cambridge, (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/4/53
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

20V3211302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 hrs. 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Dog Creek Farm Rt #50

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (Last) Whitman

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-5-87

9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: N. A.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Robert Sledge

14. MOTHER'S MAIDEN NAME: Carrie Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs Della Horne Preston Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra Cranial hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cerebral thrombosis

DUE TO

(c)

Interval Between Onset And Death

331 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 17 Dec 19 53, and that death occurred at 4:30 pm, from the causes and on the date stated above.

SIGNATURE O. C. H. Emmert M.D. (Degree or title) ADDRESS Easton Memorial Hosp DATE SIGNED 21 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/19/53 NAME OF CEMETERY OR CREMATORY West Laurel Park LOCATION (City, town, or county) Phila. (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 12/18/53 REGISTRAR'S SIGNATURE M. K. Meeres

24. FUNERAL DIRECTOR ADDRESS

VS. A15

DEC 28 '53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12597

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Easton, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lockwood Hardcastle (Last) Wright

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov 24, 1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Talbot

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward L. F. Hardcastle

14. MOTHER'S MAIDEN NAME: Margaret Fitzhugh Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: P. K. Wright Jr. Dundalk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170 X
Immediate cause (a) Carcinoma of the breast — Interval Between Onset And Death: 3yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 24 Dec, 1953, that I last saw the deceased alive on 22 Dec, 1953, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hamilton M.D. Easton Long Island 26 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Dec. 26 53 Memory Hill Easton Md

DATE REC'D BY LOCAL REGISTRAR 12/25/53
REGISTRAR'S SIGNATURE N. H. Nelson
24. FUNERAL DIRECTOR ADDRESS

RECEIVED
JAN 4 1954
BUREAU V. S.

Film #G160 Item # 7 1/7/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12598

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elijah (Middle) (Last) Young

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: August 17 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months 4 Days 8 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Young

14. MOTHER'S MAIDEN NAME: Cornelia Newnam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Estelle Jenkins, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

910.0

Immediate cause (a) Heart Ley Lemming

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Maryland

TIME OF INJURY (Month) Dec (Day) 25 (Year) 1953 (Hour) 7:30 a.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Fell from raised lawn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Thomas Harrison (Degree or title) M.D. ADDRESS: Easton Maryland DATE SIGNED: 26 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 28, 1953 | NAME OF CEMETERY OR CREMATORY: Queen Esther Cemetery | LOCATION (City, town, or county): Easton, R.D. (State): Md.

DATE REC'D BY LOCAL REG. 12/26/53 | REGISTRAR'S SIGNATURE: N. L. Nevins | 24. FUNERAL DIRECTOR: John D. Williams ADDRESS: Easton, Md.

RECEIVED
JAN 4 1954
BUREAU V. S.